

APPLICATION DATA SHEET**Application Information**

Application number:: 10/070,734
Filing Date:: 03/12/02
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 2854
CD-ROM or CD-R?:: None
Number of CD disks:: None
Number of copies of CDs:: None
Sequence submission::
Computer Readable Form (CRF):: No
Number of copies of CRF:: None
Title:: HOLDING MECHANISM FOR
REPLACEMENT INK RIBBON
Attorney Docket Number:: KYOW:055
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 8
Small Entity:: No
Latin Name::
Variety denomination name::
Petition included:: No
Petition Type:: None

Licensed US Govt. Agency:: None
Contract or Grant Numbers:: None
Secrecy Order in Parent Appln.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: Japan
Status:: Full Capacity

Given Name:: Toshiyuki
Middle Name::
Family Name:: Toyofuku
Name Suffix::
City of Residence:: Shibuya-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Olympus Optical co., Ltd.,
43-2, Hatagaya 2-Chome
City of mailing address:: Shibuya-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: **Hiroyuki**
Middle Name::
Family Name:: **Kaneko**
Name Suffix::
City of Residence:: **Shibuya-Ku**
State or Province of Residence:: **Tokyo-To**
Country of Residence:: **Japan**
Street of mailing address:: **c/o Olympus Optical co., Ltd.,
43-2, Hatagaya 2-Chome**
City of mailing address:: **Shibuya-Ku**
State or Province of mailing address:: **Tokyo-To**
Country of mailing address:: **Japan**
Postal or Zip Code of mailing address::

Given Name:: Satoru
Middle Name::
Family Name:: Kato
Name Suffix::
City of Residence:: Chiyoda-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Mitsubishi Denki Kabushiki
Kaisha, 2-3, Marunouchi 2-Chome
City of mailing address:: Chiyoda-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Yosuke
Middle Name::
Family Name:: Kobayashi
Name Suffix::
City of Residence:: Chiyoda-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Mitsubishi Denki Kabushiki
Kaisha, 2-3, Marunouchi 2-Chome
City of mailing address:: Chiyoda-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Hisashi
Middle Name::
Family Name:: Yamada
Name Suffix::
City of Residence:: Chiyoda-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Mitsubishi Denki Kabushiki Kaisha, 2-3, Marunouchi 2-Chome
City of mailing address:: Chiyoda-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Katsuyuki
Middle Name::
Family Name:: Oshima
Name Suffix::
City of Residence:: Shinjuku-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Dai Nippon Printing Co., Ltd.,
1-1, Ichigaya-Kaga-Cho 1-Chome
City of mailing address:: Shinjuku-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Kozo
Middle Name::
Family Name:: Odamura
Name Suffix::
City of Residence:: Shinjuku-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Dai Nippon Printing Co., Ltd.,
1-1, Ichigaya-Kaga-Cho 1-Chome
City of mailing address:: Shibuya-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: **Takayuki**
Middle Name::
Family Name:: **Imai**
Name Suffix::
City of Residence:: **Shinjuku-Ku**
State or Province of Residence:: **Tokyo-To**
Country of Residence:: **Japan**
Street of mailing address:: **c/o Dai Nippon Printing Co., Ltd.,
1-1, Ichigaya-Kaga-Cho 1-Chome**
City of mailing address:: **Shinjuku-Ku**
State or Province of mailing address:: **Tokyo-To**
Country of mailing address:: **Japan**
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 6160

Representative Information

Representative Customer Number:: 6160

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application			

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	2000-212858	07/13/00	Yes
Japan	2000-212860	07/13/00	Yes

Assignee Information

Assignee name:: Olympus Optical Co., Ltd.
Street of mailing address:: 43-2, Hatagaya 2-Chome
City of mailing address:: Shibuya-Ku
State or Province of
mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of
mailing address::

Assignee name:: Mitsubishi Denki Kabushiki Kaisha
Street of mailing address:: 2-3, Marunouchi 2-Chome
City of mailing address:: Chiyoda-Ku
State or Province of
mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of
mailing address::

Assignee name:: Dai Nippon Printing Co., Ltd.
Street of mailing address:: 1-1, Ichigaya-Kaga-Cho 1-Chome
City of mailing address:: Shinjuku-Ku
State or Province of
mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of
mailing address::